U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210 FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

Form Approved Office of Management and Budget No. 1215-0188 Expires: 07-31-2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTION	NS CAREFULLY BEFORE PREPARING THIS REPORT.
For Official Use Only 1. FILE NUMBER 2. PERIOD	O COVERED MO DAY YEAR 3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here:
0 3 1 - 8 3 8 From	0 7 0 1 2 0 0 2 (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here:
(\$ \sigma_{\infty} \)	(c) SUBSIDIARY — If this is a report for a subsidiary organization of
E OLMS	
	8. MAILING ADDRESS
	First Name
	ROBERT
	Last Name
	MEYER
	P.O. Box-Building and Room Number (if any)
4. AFFILIATION OR ORGANIZATION NAME	
CARPENTERS IND	Number and Street 4 9 5 MANSFIELD AVENUE
5. DESIGNATION (Local, Lodge, etc.) [6. DESIGNATION NUMBER	4 9 3 WANSFIELD AVENUE
LU 1759	City
7. UNIT NAME (if any)	PITTSBURGH
	State ZIP Code + 4
9. Are your organization's records kept at its mailing address? Yes No []	PA 15205 -
56. ADDITIONAL INFORMATION	<u> </u>
Item Number	
Each of the undersigned, duly authorized officers of the above labor organization, declares, un	nder the applicable penalties of law that all of the Information submitted in this report (including the information contained
	nder the applicable penalties of law, that all of the information submitted in this report (including the information contained ne undersigned's knowledge and belief thus, contained and complete. <u>(See Section VI on penalties in the instructions.)</u>
SIGNED: PRESID	30. Store of the s
(If other 9/18/03 4/0-279-9534 see ins	er title, (If other title, structions.)
Date Telephone Number	Date Telephone Number

10.	Have a "subsidiary organization" as defined in Section X of the instructions?	Yes	No X	:	How many members did organization have at the reporting period? What is the maximum a recoverable under your fidelity bond for a loss of any officer or employee organization?	e end of the mount organization's caused by	5	2 7	
	Have a political action committee (PAC) fund?		\boxtimes	21.	During the reporting per organization have any of constitution and bylaws rates of dues and fees)	changes in its (other than or in practices/			No X
14.	any manner other than by purchase or sale? Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?			20	procedures listed in the (If the constitution and in practices/ procedures in see the instructions.)	bylaws or nave changed,	мо	YEAR	
15.	Discover any loss or shortage of funds or other property?		X		What is the date of you next regular election of What are your organizadues and fees?	officers?	0 6	2 0 0	6
16.	Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?		\boxtimes		(Enter a minimum and than one rate applies fo	or any line.)	of Dues and Fe	es	
17.	Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000?		X		(a) Regular Dues/Fees (b) Initiation Fees	\$\$6 TO \$20 \$	per (Month,	Year, etc.)	
	Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?		\boxtimes		(c) Transfer Fees (d) Work Permits	\$	-		
	he answer to any of the above questions is "Yes," provide of em 56 as explained in the instructions for each item.)	details						, Year, etc.)	

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 0 3 1 - 8 3 8

	(A) Name (List all persons who held office during the reporting period even they received no salary or other disbursements. Use all capital	they received no salary or other disbursements. Use all capital letters.)			Gross Salary (before taxes and			Allowances and Other					
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*	other deduction (D)			Disburs				1	otal (F)		
	STERLING	JACK	5	0	2	1	6	9	1	2	1	9	3
1. 	PRESIDENT	P									_		<u>-</u>
2.	SOLOMON	DANIEL	2	3	8				0		2	3	8
۷.	PRESIDENT	С								_	_		
3.	MEYER	ROBERT	8	0	5	2	0	2	7	2	8	3	2
ა.	RECORDING SECRETARY	С											
4.	DEAN	JOHN	2 1	5	8	1	7	9	1	3	9	4	9
T .	FINANCIAL SECRETARY	С				}	_						
5.	CHISHOLM	LORRINE	1 1	2	3		6	6	8	1	7	9]
J.	TREASURER	P											
6.	FRECKER	JACK	2	5	8				0		2	5	-8
	TRUSTEE	С						_					
7.	KOVACH	MICHAEL	7	1	5				0		7	1	
	TRUSTEE	C						_					
8.	Totals from additional pages (if any)		7	7 0	9			_	0			7 0	9
9.	Totals of Lines 1 through 8		6.5	5 0	8	(6 1	7	7	1	2	6 8	5
	<u> 18 maa ka k</u>		Selection of the second of the			10. Less De	duc	tion	S				0
	The Total from Line 11 in		Item 4	5		11. Net Dis	burs	eme	ents	1	2	6 8	5

FILE NUMBER: 0 3 1 - 8 3 8

	ASSETS Item	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES Item	Start of Reporting Period (C)	End of Reporting Period (D)
ပ္သ	25. Cash	1 0 4 9 2 6	1 0 7 4 5 0	32. Accounts Payable	0	0
A IILITIES	26. Loans Receivable	0	0	33. Loans Payable	0	0
STATEMENT A	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
ATE	28. Investments	0	r	35. Other Liabilities	0	0
SSETS	29. Fixed Assets	1 4 4 6	2 7 7 9	36. TOTAL LIABILITIES	0	0
	30. Other Assets	0	0			
	31. TOTAL ASSETS	1 0 6 3 7 2	1 1 0 2 2 9	37. NET ASSETS (Item 31 less Item 36)	1 0 6 3 7 2	1 1 0 2 2 9

	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	57067	45. To Officers (from Item 24)	1 2 6 8 5
ည	39. Per Capita Tax	0	46. To Employees(less deductions)	0
B RSEMENTS	40. Fees, Fines, Assessments & Work Permits	1 2 6 5	47. Per Capita Tax	3 0 2 3 4
. B	41. Interest & Dividends	6 4 7	48. Office & Administrative Expense	2127
STATEMENT S AND DISBU	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	1800
ATE	43. Other Receipts	0	50. Benefits	1 3 8 4
	44. TOTAL RECEIPTS	58979	51. Contributions, Gifts & Grants	7 0 0
RECEIPT			52. Purchase of Investments & Fixed Assets	2 1 0 3
₹	If total receipts reported in Item 44	• •	53. Loans Made	0
	or more, your organization must fil instead of this form.	e Form LM-2	54. Other Disbursements	5 4 2 2
			55. TOTAL DISBURSEMENTS	5 6 4 5 5

ORGANIZATION NAME: CARPENTERS IND		
ENDING DATE OF PERIOD COVERED:	 	

FILE NUMBER: 0 3 1 - 8 3 8

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name	(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Sala (before taxes	ry	Allowances and Other	Total (F)		
Title	(Enter title of officer, such as PRESIDENT or TREASURER.)	(C) Status *	other deductions) (D)		Disbursements (E)			
WINTER	JOSI	EPH		7 8	0		7	8
TRUSTEE		С						
FLANIGAN	J TIMO	ГНҮ	1	7 7	0	1	7	7
CONDUCTE	ER .	C						
SHARAK	THOI	MAS	1	7 5	0	1	7	5
WARDEN		C						
MCPHERSO	DN SAM	UEL		7 2	0		7	2
DELEGATI	∃	С						
BALDING	ER RON	ALD	1	3 0	0	1	3	0
DELEGATI	3	C						
QUINN	STEP	HEN	<u>.</u>	7 7	0		7	7
DELEGATI	3	С						
GEORGIAI	DES D	INO		0	0			0
TREASURE		N						
				a: ==		· · · · · · · · · · · · · · · · · · ·		

06/30/2003

ORGANIZATION NAME: CARPENTERS IND	_
ENDING DATE OF PERIOD COVERED: 06/30/2003	

FILE NUMBER: 0 3 1 - 8 3 8

56. ADDITIONAL INFORMATION (continued)

tem Number	ALIDIT DEPENDANCE HANCY & DICLAUDIO D.C.
14	AUDIT PERFORMED BY MCELHANEY & DICLAUDIO, P.C.
n LM-3 (Revis	ed 2000) 2 - I56